

**St. Charles Parish Parks and Recreation
P.O. Box 9 Luling, Louisiana 70070
Summer Camp Application**

Name: _____

Phone: _____

Email: _____ Age: _____

Date of Birth: _____

Address: _____

Please circle which camp you would prefer to work with:

Lakewood

Luling

St.Rose

Schoeffner

Teen Camp

List Certifications: _____

EDUCATION:

	<u>NAME OF SCHOOL</u>	<u>CITY, STATE</u>	<u>DEGREE/MAJOR</u>	<u>GRADUATION YEAR</u>
<u>HIGH SCHOOL</u>				
<u>COLLEGE</u>				
<u>OTHER</u>				

CAMP EXPERIENCE:

<u>DATES</u>	<u>CAMP</u>	<u>DIRECTOR/COORDINATOR</u>	<u>JOB TITLE</u>

REFERENCES:

<u>NAME</u>	<u>POSITION/RELATION</u>	<u>PHONE</u>

Mandatory T-Shirts for Counselors are \$7.00 each

CAMP IS A 6 WEEK COMMITMENT

PLEASE SCHEDULE VACATIONS AND OTHER ACTIVITIES BEFORE OR AFTER CAMP